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Bib Data Sheet

CONFIRMATION NO. 9707

<b>SERIAL NUMBER</b> 10/081,383	<b>FILING DATE</b> 02/22/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> S-ACI-002A	
<b>APPLICANTS</b> John H. Shadduck, Tiburon, CA; <i>verified KDM</i> <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/271,543 02/26/2001 <i>verified KDM</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none KDM</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 03/14/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Kate Muller</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> John H. Shadduck 1490 Vistazo West Tiburon, CA 94920					
<b>TITLE</b> Vaso-occlusive implants for interventional neuroradiology					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		